

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, May 3, 2023
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTHELMINTIC AGENTS

Subclasses Reviewed

Anthelmintics

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIBACTERIAL AGENTS

Subclasses Reviewed

Antibacterial: Aminoglycosides

Antibacterial: Cephalosporins

Antibacterial: Miscellaneous β -Lactam Antibiotics

Antibacterial: Chloramphenicol

Antibacterial: Macrolides

Antibacterial: Penicillins

Antibacterial: Quinolones

Antibacterial: Sulfonamides

Antibacterial: Tetracyclines

Antibacterial: Antibacterials, Miscellaneous

AHFS Drug Class Re-reviewed: CEREBRAL STIMULANTS/AGENTS USED FOR ADHD

AHFS Drug Class Re-reviewed: WAKEFULNESS PROMOTING AGENTS

Anthelmintics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	ALBENZA* BILTRICIDE* EGATEN EMVERM STROMEKTOL*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Aminoglycosides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BETHKIS* KITABIS*	ARIKAYCE TOBI* TOBI PODHALER tobramycin inhalation solution (generic Bethkis and Kitabis) ZEMDRI

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cephalosporins

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AVYCAZ CLAFORAN* FETROJA SUPRAX* TAZICEF* TEFLARO ZERBAXA

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Drug name denotes all dosage forms and strengths unless noted

Miscellaneous β -Lactam Antibiotics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AZACTAM* CAYSTON CEFOTAN* INVANZ* MEFOXIN* PRIMAXIN* RECARBRIO VABOMERE

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Drug name denotes all dosage forms and strengths unless noted

Chloramphenicol

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	NONE

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Macrolides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	DIFICID E.E.S.* ERYPED* ERYTHROCIN LACTOBIONATE* ERYTHROCIN STEARATE ZITHROMAX*

*Denotes generic available in at least one dosage form or strength

^{CC} This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Penicillins

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AUGMENTIN* BICILLIN C-R BICILLIN L-A PFIZERPEN* UNASYN* ZOSYN*

*Denotes generic available in at least one dosage form or strength

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Drug name denotes all dosage forms and strengths unless noted

Quinolones

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	BAXDELA CIPRO* CIPRO XR*

*Denotes generic available in at least one dosage form or strength

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Drug name denotes all dosage forms and strengths unless noted

Sulfonamides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	BACTRIM* BACTRIM DS*

*Denotes generic available in at least one dosage form or strength

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Tetracyclines

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	ADOXA* DORYX* MINOCIN MORGIDOX* NUZYRA TYGACIL* VIBRAMYCIN* XERAVA

*Denotes generic available in at least one dosage form or strength

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Drug name denotes all dosage forms and strengths unless noted

Antibacterials, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AEMCOLO DR bacitracin for injection (generic) CLEOCIN* COLY-MYCIN M* CUBICIN* DALVANCE FIRVANQ* KIMYRSA LINCOCIN* ORBACTIV PYLERA SIVEXTRO VANCOCIN* VIBATIV XENLETA XIFAXAN ZYVOX*

*Denotes generic available in at least one dosage form or strength

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Cerebral Stimulants/Agents Used for ADHD

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ADDERALL XR* CONCERTA* DAYTRANA* RITALIN* VYVANSE CAPSULE	ADDERALL* ADHANSIA XR ADZENYS XR-ODT APTENSIO XR* AZSTARYS COTEMPLA XR DESOXYN* DEXEDRINE* DYANAVEL XR EVEKEO* FOCALIN* FOCALIN XR* INTUNIV* JORNAY PM KAPVAY* METHYLIN* methylphenidate ER (generic) methylphenidate transdermal patch (generic Daytrana) MYDAYIS ER PROCENTRA* QELBREE ER QUILLICHEW ER QUILLIVANT XR RELEXXII ER* RITALIN LA* STRATTERA* VYVANSE CHEWABLE XELSTRYM ZENZEDI*

*Denotes generic available in at least one dosage form or strength

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Drug name denotes all dosage forms and strengths unless noted

Wakefulness Promoting Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	NUVIGIL* PROVIGIL* SUNOSI WAKIX XYREM XYWAV

*Denotes generic available in at least one dosage form or strength

^{CC} This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted